## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10635492

| CLAIMS AS FILED - PART I                                 |  |   |                                    |   |                            |                                    | SMALL ENTITY |                    |                        | OTHER THAN |   |                        |
|--|--|---|------------------------------------|---|----------------------------|------------------------------------|--------------|--------------------|------------------------|------------|---|------------------------|
|  |  |   | (Column 1)                         |   | (Column 2)                 |                                    | Τ)           | TYPE               |                        | OR         | SMALL                                   |                        |
| TOTAL CLAIMS   |  |   | 31                                 |   |                            |                                    |              | RATE               | FEE                    | ļ          | RATE                                    | FEE                    |
| FOR  |  |   | NUMBER FILED                       |   | NUMBER EXTRA               |                                    | В            | ASIC FEE           | 385.00                 | OR         | BASIC FEE                               | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                  |  |   | 31 minus 20=                       |   | * 41                       |                                    |              | X\$ 9=             |                        | OR         | X\$18=                                  | 198                    |
| INDEPENDENT CLAIMS                                       |  |   | eminus 3 =                         |   | * \$                       |                                    |              | X43=               |                        | OR         | X86=                                    |                        |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PF                             | RESENT                             |   |                            |                                    |              | +145=              | - ""                   | OR         | +290=                                   |                        |
| * If the difference in column 1 is less than zero, enter |  |   |                                    |   | r "0" in c                 | olumn 2                            | L            | TOTAL              |                        | OR         | TOTAL                                   | 968                    |
| CLAIMS AS AMENDED - PART II                              |  |   |                                    |   |                            |                                    |              | OTHER THAN         |                        |            |   | THAN                   |
| (Column 1)   |  |   | 1                                  | (Colum                                      |                            | (Column 3)                         | <u>-</u>     | SWALL              |                        | )<br>      | 01111112                                | ADDI-                  |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           | ·                                  | NUM<br>PREVI                                |                            | PRESENT<br>EXTRA                   |              | RATE               | ADDI-<br>TIONAL<br>FEE |            | RATE                                    | TIONAL<br>FEE          |
|  | Total  | *   | Minus                              | **  |                            | =                                  |              | X\$ 9=             |                        | OR         | X\$18=                                  |                        |
|  | Independent                                    | *   | Minus                              | ***   | T OL A184                  | =                                  |              | X43=               |                        | OR         | X86=                                    |                        |
|  | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DE                         | PENDEN                                      | CLAIM                      |                                    |              | +145=              |                        | OR         | +290=                                   |                        |
|  |  |   |                                    |   |                            |                                    |              | TOTAL              |                        | OR         | TOTAL<br>ADDIT. FEE                     |                        |
|  |  | Al  | ODIT. FEE (                        | <u> </u>                                    |                            | ADDIT: 1 CC                        |              |                    |                        |            |   |                        |
|  |  | (Column 1)<br>CLAIMS                      |                                    | HIGH  | mn 2)<br>HEST              | (Column 3)                         |              |                    | ADDI-                  |            |   | ADDI-                  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                    | PREVI                                       | MBER<br>OUSLY<br>FOR       | PRESENT<br>EXTRA                   |              | RATE               | TIONAL<br>FEE          |            | RATE                                    | TIONAL<br>FEE          |
|  | Total  | *   | Minus                              | **  |                            | =                                  |              | X\$ 9=             |                        | OR         | X\$18=                                  |                        |
|  | Independent                                    | *   | Minus                              |   |                            | =                                  |              | X43=               |                        | OR         | X86=                                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT C     |   |                                    |   |                            |                                    |              | +145=              |                        | OR         | +290=                                   |                        |
|  |  |   |                                    |   |                            |                                    |              | TOTAL<br>DDIT FEE  |                        | OR         | TOTAL<br>ADDIT. FEE                     |                        |
|  |  | (Column 1)                                |                                    | (Colu                                       | ımn 2)                     | (Column 3)                         | . ^          | DOTTEL             | <u> </u>               |            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                            | PRESENT<br>EXTRA                   |              | RATE               | ADDI-<br>TIONAL<br>FEE |            | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                              | **  |                            | =                                  |              | X\$ 9=             |                        | OR         | X\$18=                                  |                        |
|  | Independent                                    | •   | Minus                              | ***   |                            | =                                  |              | X43=               |                        | OR         | X86=                                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |   |                            |                                    |              |                    |                        | 1          |   |                        |
|  |  | and delicery of the or                    | ha amesis is is                    |   | to "O" :=                  | oluma 2                            | L            | +145=              |                        | OR         | +290=                                   | <del> </del>           |
| **   | If the "Highest Nu                             | mn 1 is less than the mber Previously P.  | aid For" IN TH                     | IS SPACE                                    | is less that               | an 20, enter "20."                 | At           | TOTAL<br>DDIT. FEE |                        | OR         | TOTAL<br>ADDIT. FEE                     | <u> </u>               |
| 8-9-1  | If the "Highest Nu<br>The "Highest Nur         | ımber Previously P<br>nber Previously Pa  | aid For" IN TF<br>id For" (Total o | or Independent                              | is less the<br>dent) is th | an 3, enter "3.<br>e highest numbe | r four       | d in the ap        | propriate bo           | x in c     | olumn 1.                                |                        |